



**UNIVERSITY OF GONDAR, COLLEGE OF MEDICINE AND HEALTH SCIENCES, INSTITUTE OF PUBLIC HEALTH, DEPARTMENT OF HEALTH SERVICE MANAGEMENT AND HEALTH ECONOMICS.**

**INTENTION TO LEAVE THE PRESENT ORGANIZATION AND ASSOCIATED FACTORS AMONG HEALTH WORKERS AT GEVERMENTAL DISTRICT HOSPITALS, NORTH GONDAR ADMINISTRATIVE ZONE, NORTHWEST ETHIOPIA, 2017.**

**BY: - Nigusu Worku (BSc in health officer)**

**Advisors: -**

1. Professor Amsalu Feleke
2. Mr. Ayal Debie (BSc, MPH)

**A THESIS SUBMITTED TO UNIVERSITY OF GONDAR, COLLEGE OF MEDICINE AND HEALTH SCIENCES, INSTITUTE OF PUBLIC HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH IN HEALTH SERVICE MANAGEMENT.**

June, 2017

Gondar, Ethiopia

**University of Gondar, College of Medicine and Health Sciences, Institute of Public Health, Department of Health Service Management and Health Economics.**

**Intention to Leave the Present Organization and Associated Factors among Health Workers at Governmental District Hospitals, North Gondar Administrative Zone, Northwest Ethiopia, 2017.**

**BY Nigusu Worku (BSc in health officer)**

**Tel: +251918021437**

**E-mail:nigusu127@gmail.com**

**Approved by examining board**

**Head of institute of public health**

---

**Signature**

**ADVISORS: - Professor Amsalu Feleke**

-----

**Mr. Ayal Debie (BSc, MPH)**

-----

**Examines**

**Signature**

1. -----

-----

2. -----

-----

## **Acknowledgement**

First and for most, I would like to thank my advisors Professor Amsalu Feleke and Mr. Ayal Debie for their unreserved professional advices and constructive comments in throughout development of this thesis. In addition, I am grateful to thank the Institute of Public Health, College of Medicine and Health sciences, University of Gondar for giving me the opportunity to conduct this thesis. I would like to express my special thanks to North Gondar Administrative Zone Health Department staff members for their cooperation by providing background information about the study area. And also I would like thank the study participants and data collectors. At last but not least, I would like to say thank to all my friends and those who genuinely supported me in all aspects.

## Table of Contents

Contents	Pages
Acknowledgement.....	I
Table of Contents.....	II
List of Tables .....	IV
List of Figures .....	IV
Abbreviations .....	V
Abstract.....	VI
1. Introduction .....	1
1.1. Statement of the Problem .....	1
1.2. Literature Review .....	3
1.3. Justification .....	9
2. Objective .....	10
2.1. General Objective .....	10
2.2. Specific Objective .....	10
3. Methods .....	11
3.1. Study Area and Period.....	11
3.2. Study Design .....	11
3.3. Data Sources and Study Population .....	11
3.4. Inclusion and Exclusion Criteria.....	11
3.4.1. Inclusion Criteria.....	11
3.4.2. Exclusion Criteria .....	11
3.5. Sample Size Determination and Sampling Technique.....	11
3.5.1. Sample Size Determination .....	11
3.5.2. Sampling Procedure .....	12

3.6. Variables of the Study.....	14
3.6.1. Dependent Variable.....	14
3.6.2. Independent Variables.....	14
3.7. Operational Definition .....	15
3.8. Data Collection, Quality Control and Analysis .....	17
3.8.1. Data Collection Tools .....	17
3.8.2. Data Collection Procedures.....	17
3.8.3. Data Quality Control .....	17
3.8.4. Data Processing and Analysis Procedure .....	17
3.9. Ethical Consideration.....	18
4. Results.....	19
5. Discussion .....	26
6. Conclusion .....	28
7. Recommendations .....	28
9. References .....	29
Annexes.....	33
A. Information Sheet.....	33
B. Consent Form .....	35
C. English Version Questionnaire .....	36
D. Amharic Version Information Sheet.....	41
E. Amharic Version Consent Form .....	43
F. Amharic Version Questionnaire .....	44
G. Information Sheet and Consent Form for Qualitative .....	49
H. In-depth Interview Questionnaires .....	50
I. Declaration.....	52

## List of Tables

Table 1:- Socio-demographic and Economic characteristics of health workers working in north Gondar zone district hospitals, Northwest Ethiopia, 2017 (n=382)	20
Table 2:- Job satisfaction by different dimensions among health workers in north Gondar district hospitals, Northwest Ethiopia, 2017 (n=382) .....	22
Table 3:- Bivariate and multivariable logistic regression analysis of factors associated with intention to leave among health workers in north Gondar district hospitals, northwest Ethiopia, 2017(n=382).....	25

## List of Figures

Figure 1:- Conceptual framework of intention to leave and associated factors among health workers working in north Gondar district hospitals 2017. ....	8
Figure 2:- Schematic presentation of sampling procedure on intention to leave among health workers in North Gondar Zone District Hospital 2017. ....	13
Figure 3:- Health worker distribution in different profession at North Gondar District Hospitals Northwest Ethiopia, 2017 (n=382).....	21
Figure 4:- Organizational affective, normative and continuance commitment among health workers working in North Gondar district hospitals 2017(n=382). ....	21

## **Abbreviations**

AC	Affective Commitment
AOR	Adjusted Odd Ratio
ANRHB	Amhara National Regional Health Bureau
CC	Continuous Commitment
CI	Confidence Interval
COR	Crude Odd Ratio
ETB	Ethiopian Birr
HC	Health Center
HR	Human Resource
HRH	Human Resource for Health
HRM	Human Resource Management
NC	Normative Commitment
OC	Organization Commitment
SPSS	Statistical Package for Social Science
UoG	University of Gondar
WHO	World Health Organization

## Abstract

**Introduction:** Human resource is the most important and crucial part of all resources for the survival, and development of organizations. The Intention of workers to leave is probably the immediate antecedent of turnover decisions. Workplace turnover affects health organizations and patients as it leads to the losing of competent and qualified health workers. Therefore coping strategy is needed.

**Objective:** This study aims at assessing the magnitude and factors leading to the intention to leave among health workers in District Hospitals North Gondar Zone Northwest, Ethiopia.

**Methods:** an institution based cross-sectional study design among 408 participants supplemented with qualitative in-depth interview was conducted in district hospitals, north Gondar. Data were collected using structured, self-administered questionnaire for quantitative and in-depth interview using guiding semi structure questionnaires for qualitative. Data were entered in to Epi Info version 7.2 and analyzed using SPSS version 20. On bivariate analysis variables with p-value less than 0.2 were fitted to multivariable logistic regression analysis. Odds ratio (OR) with 95% confidence interval and p- value less than 0.05 were used to identify significant variables with the outcome. Manually thematic analysis were employed for the qualitative data.

**Results:** Of the total 382 participants were involved in the study with a response rate of 93.6%. The overall proportion of participants who intended to leave their organization were 67.8%. Being age 20-29 (AOR: 3.96, 95% CI: 1.04, 15.07), live out of family (AOR: 1.73, 95% CI: 1.23, 3.02), opportunity of other work (AOR 2.04; 95% CI: 1.21, 3.45), unsatisfied performance appraisal, (AOR: 2.97, 95%CI: 1.64, 5.36), and low affective commitment (AOR 3.12; 95% CI: 1.64, 5.92) were the factors significantly associated with the intention to leave.

**Conclusion and Recommendations:** the magnitude of intention to leave found to be high (67.8%). Factors such as young age, live out of family, opportunity of other work, unsatisfied with performance appraisal, and low affective commitment were significantly associated with intention to leave. Therefore, evidenced based performance evaluation, participate in decision making and ensure regular rotation with special emphasis on family unification is very important.

**Keywords:** intention to leave, health workers, district hospital.



# **1. Introduction**

## **1.1. Statement of the Problem**

Intention to leave is defined as an employee's plan to leave the present job and look forward finding another job in the near future and intention of leave is probably the most important and immediate antecedent of turnover decisions (1).

Employee turnover is a problem that affects all organizations and has become a focus of health care organizations because of high replacement cost for training and capacity buildings (2).

A study done in United States showed that the shortage of nurses is not necessarily a shortage of individuals with nursing qualifications it is a shortage of nurses willing to work in the present conditions. According to this study, the main causes of nursing shortages are inadequate, retention and return policies, and ineffective use of available nursing resources through inappropriate skill mix and utilization, poor incentive structures and inadequate career (3).

Another study in Turkey also revealed that nurses' job satisfaction was found at a moderate level with 61% of the nurses intended to leave their job (4).

The magnitude of intention to leave the organization varies across regions in Africa. A comparative study on health worker job satisfaction and their intention to leave in Tanzania, Malawi, and South Africa, showed that 18.8 %, 26.5% and 41.4% of health workers were actively seeking employment elsewhere in each country respectively (5).

A study conducted in Amhara National Regional State, on the attrition rate of health professionals from the public sector was 39.6% to all professionals category. The attrition rate was 77.90%, 72.1%, 46.2%, 44.2%, 44.2%, 32.3% and 22.9% for Medical Doctors, Master of Public Health holders, Environmental Health, Pharmacy, Health officer, Laboratory, and Nurse in that order. The attrition rate was

substantially different by type of health facility that health professionals work in Amhara National Regional Health Bureau and Feleghiwote referral hospital lost 66.9% and 40.6% of their health professionals respectively, compared with health centers in Bahir Dar 9.8%. Bahir Dar city administration woreda health office 26.1% and Bahir Dar Regional Laboratory 26.3% for last five years (2007-2011) (6).

In the same way, a study done among nurses working at governmental health care institutions in East Gojjam also suggested that 59.4% of respondents indicated a turnover intention from their current health care institution (7).

WHO standard of health worker per 1000 population ratio is 2.3 African Health Work force Observatory (AHWO), 2010 and in North Gondar it was 1.04 per 1000 population which was the least among the 11 zones in Amhara region (HRH in Ethiopia, 2014).

Even though few studies have been done in the region concerning intention to leave among health care workers, as to the investigators knowledge, there is no study conducted in district hospitals particularly in North Gondar Zone.

Therefore, this study has the potential to positive contribution by addressing intention to leave issues in all health workers. This study has also tried to recommend hospital leaders and Regional health bureau that have improve the working environment and resulted job satisfaction. This in turn have help health institutions to give quality health services to the community.

## **1.2. Literature Review**

### **1.2.1. Magnitudes of Intention to Leave**

Nowadays the successes and effectiveness of any organization relies on its human capital. It is a big organizational responsibility to retain the best employees. Organizations are expected to set up arrangements that will deliver satisfaction for their employees so that they can easily keep and edge their performance (1).

The magnitude of intention to leave the organization varies across studies. A study done in Japan after the Fukushima Daiichi Nuclear Power Plant Accident 44.6% had intention to leave after the accident 57.8% had intention to leave within two months after the accident and 46.8% had intention to leave within two months to one year (8). A cross-sectional study to assess job satisfaction and turnover intention among Iraqi doctors also found that more than one half of them (55.2%) were actively seeking alternative employment (9).

In Taiwan work hours and turnover intention among hospital physicians showed that 14.5% of physicians reported intention to leave the current hospital (10).

Another study on comparing the job satisfaction and intention to leave among different categories of health workers showed that 18.8 % of health workers in Tanzania, 26.5% in Malawi and 41.4% in South Africa were actively seeking employment elsewhere (5). A cross-sectional study turnover intention in Ghana showed 69% of the respondents reported turnover intentions (11).

Similar study have been undertaken in Ethiopia for instance a study done in Southwest Ethiopian, Jimma zone health institutions intention to leave was more than half (59.4%) of the health professionals had intended to leave for different reasons (12).

A study conducted to assess factors influencing job satisfaction and anticipated turnover among nurses in Sidama zone public health facilities showed that half of the participants responded their readiness to leave the organization in the coming one year. However the overall intention to leave showed that 84.3% (13). The study

conducted in similar study in Ethiopia at Yiraglem and Hawassa referral hospitals reported 83.7% of health professionals' have intention to leave the hospital (14).

Studies conducted in University of Gondar referral hospital and Gambella region found that 52.5% and 48.4% of the health professionals had shown intention to leave their current workplace within one year respectively (15, 16).

## **1.2.2. Factors Associated with Intention to Leave**

### **1.2.2.1. Job Satisfaction Dimensions**

Satisfied employees play a crucial role in an organization's success, so health care organizations must be aware of the importance of employees' job satisfaction. It is recommended to monitor employees' job satisfaction levels on an annual basis because we see the intention to leave of employees (17).

A Cross-sectional study done in Taiwan showed that general job satisfaction, salary and promotion were associated with intention to leave of the health workers (18). Similar findings were reported in a study from Ghana (11). Nurses' turnover intentions were associated with age and career commitment in Shaanxi Province, China (19).

There were statistically significant differences in job satisfaction and intention to leave between the three African countries. Almost half of the health workers in South Africa were satisfied with their jobs compared to 71% from Malawi and 82.6% from Tanzania. 18.8% of health workers in Tanzania and 26.5% in Malawi indicated that they were actively seeking employment compared to 41.4% in South Africa (5).

A study done in Nigeria also revealed that majority of the respondents 265 (82.4%) were moderately satisfied with their work. Nurses were least satisfied with their salaries. The level of achievement, advancement, recognition, work itself, nursing practice environment, hospital policy, interpersonal relationship, salary, supervision and working conditions were significantly positively related to the overall job satisfaction (20). In Sub-Saharan Africa lack of professional development was the

major reason for leaving the previous job for 28% of interviewees who changed jobs in the past five years (21).

A study done in public Hospitals of West Shoa Zone, Oromia region the major reasons reported for dissatisfaction were poor payment scheme, lack of training opportunity, lack of incentives, poor performance evaluation system and poor working environment (22).

A cross-sectional study done in Gambella region showed that intention to leave was higher for those who were dissatisfied with their work (86.2%), staff (84.8%), salary (78.8%), management practice (75.8%), incentive mechanism (75.8%), educational opportunity (76.0%), working environment (76.3%), and those who perceived they were not participated in decision making process (76.0%) (16).

A cross sectional study done in Hariri region less than half (44.2 %) of the respondents were satisfied with their current job. Organizational management system, salary and working environment were among factors that affect level of job satisfaction (23).

#### **1.2.2.2. Organizational Commitment**

Organizational Commitment (OC) defined as “the degree of attachment that health professionals have towards their employer” (24). Committed employees will have to better quality service in the organization. Organizational commitment is very important for one organization sustainability (25). Organizational commitment is important point in the discussion of intention to leave (26). Because my study uses this model.

In the three components conceptualization model of Meyer and Allen, OC was further subdivided in to three separate themes affective commitment (AC) individuals are emotionally attached to the values and goals of their organization, Normative commitment (NC) employees feel they have an obligation to live their organization, Continuance commitment (CC) Employees live their organization because of they lose a lot if they left (27).

If health workers have higher affective commitment which have lower intentions to leave and higher levels of job satisfaction. Affective commitment of an employee live within the organization (25). Other commitment factors also have negative relationship with intention to leave.

A cross-sectional study revealed that among nurses in Addis Ababa, Tikuranbessa specialized hospital, more than half of the respondents had low affective, normative commitment and high continuance commitment (54.5 %, 61.1% and 54.9 % respectively) (28).

### **1.2.2.3. Socio-demographic and Economic Factors**

A study done in Italy revealed that seniority  $\geq 11$  years, working in a private hospital, part-time schedule, higher educational level and age  $\geq 40$  years are related to higher intention to leave the hospital (29). Another study in Iraq revealed that more than one half of Iraqi doctors (55.2%) were actively seeking alternative employment and factors associated with turnover intentions among them were aged 40 years old or less, being male and being single (9).

In South Korea study revealed that influence of the nursing practice environment on job satisfaction and turnover Intention nurses were aged 45 or older were most likely to leave their jobs. Nurses with a high education level had a lower turnover intention. By clinical experience, nurses with 3 to 6 years of experience had the highest turnover intention (30).

A study conducted in Sidama (Southern Ethiopia) among nurses intention to leave their organization was significantly associated with marital, age, sex, educational qualification, working experience, and benefits and salary (13). Family arrangement was significantly associated with nurses' turnover intention (7).

Another study in University of Gondar Referral Hospital revealed that educational level, profession, work experience, and income level were statistically significant predictors for intention to leave. Health professionals who had degree and above were 2.72 times more likely to have intention to leave than those who had diploma (15).

The age of health professionals was also significantly associated with attrition. Where a study in Bahirdar showed health professionals whose age 30 - 39 years old, 40 - 49 years old, 50+ years was 2.15, 7.39 and 5.05 times more likely to leave their jobs from public Health sectors than Health professionals with the age of 20 - 29 years old. The attrition finding of Health professional for sex showed that males left their jobs 2.45 times as compared to Females. The Health professionals attrition in study period was statically associated with marital status; those Health professionals never married and married 27.58 and 11.45 times more likely to leave the public health sectors as compared to divorced marital status (6).

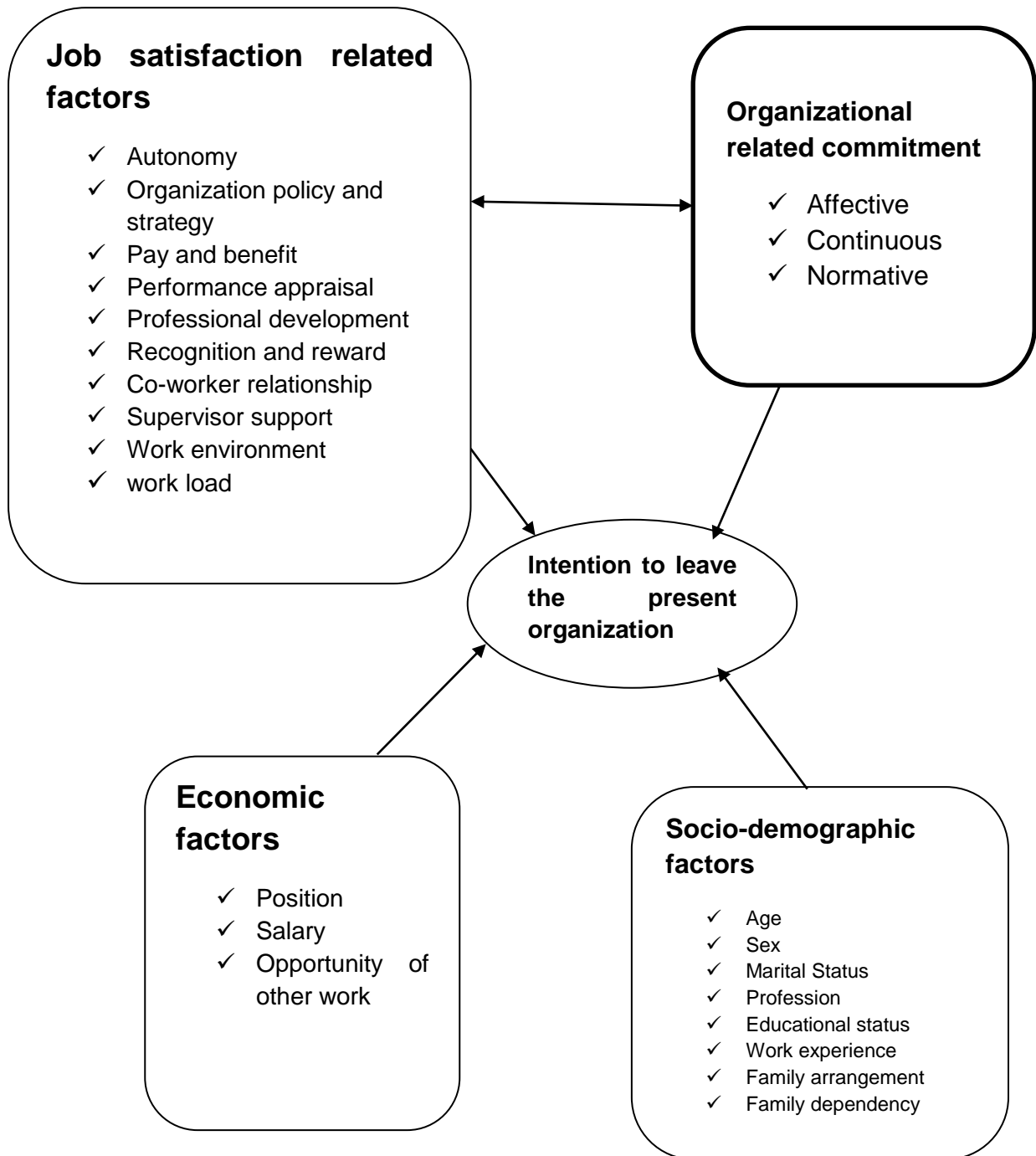


Figure 1:- Conceptual framework of intention to leave and associated factors among health workers working in north Gondar district hospitals 2017.

This conceptual framework was developed by the author after reviewing different literatures (13, 31).



### **1.3. Justification**

Human resource is the most important and crucial part of all resources for the survival of an organization. From Health Sector Transformational Plan of Ethiopia, among the four agendas, the first one is equity in health care provision and ensuring availability of the best care to all. It is known that quality care can be delivered when health care providers are committed, experienced, motivated and relatively stable.

The main purpose of retention is to prevent turnover of competent employees from the organization as it could have negative effect on productivity and quality of service delivery.

The issue of shortages in some professions is a major obstacle for health institutions in achieving their goal, mission and vision thus enabling further investigation given the lack of adequate and recent research in this area and in addition researchers does not considered the qualitative part.

Therefore, this study was needed to further examine why health professionals are leaving their organizations even if their demand is very high. This help hospital managers and other responsible bodies to set retention strategies.

This study have provide for those concerned stakeholders, particularly hospital managers, and Amhara regional health bureau basic information on the gaps especially on intention to leave and associated factors. As well it may serve as a baseline for further and detailed studies on the area.

## **2. Objective**

### **2.1. General Objective**

The aim was to assess the magnitude of intention to leave the present organization and associated factors of health workers working in Governmental District Hospitals of North Gondar Zone, Northwest Ethiopia, 2017.

### **2.2. Specific Objective**

- To determine the magnitude of health workers intention to leave the present organization in governmental district hospitals of North Gondar zone, Northwest Ethiopia, 2017.
- To identify factors associated with health workers intention to leave the present organization in governmental district hospitals of North Gondar zone, Northwest Ethiopia, 2017.

### **3. Methods**

#### **3.1. Study Area and Period**

The study conducted in North Gondar Administrative Zone from March 15 – April 30, 2017. This zone is one of the 11 zones in Amhara national regional state. And located in Northwest part of Ethiopia having a total area of 44,556.47KM<sup>2</sup>. There are 24 districts in the zone. Currently, there are nine district hospitals, 126 health centers and 573 health posts, there were about 543 health workers working in district hospitals (north Gondar health office report 2016).

#### **3.2. Study Design**

An Institutional based cross sectional study supplemented with qualitative study was conducted (key informant interview).

#### **3.3. Data Sources and Study Population**

All health workers who were working in district hospitals of north Gondar zone, Northwest Ethiopia.

#### **3.4. Inclusion and Exclusion Criteria**

##### **3.4.1. Inclusion Criteria**

All health workers who were working in district hospitals of north Gondar zone, Northwest Ethiopia were considered for this study.

##### **3.4.2. Exclusion Criteria**

Health workers having less than 6 months' work experience, contract employees and health workers who take annual or maternal leave.

#### **3.5. Sample Size Determination and Sampling Technique**

##### **3.5.1. Sample Size Determination**

The sample size for the first objective was determined using a single population proportion formula by considering the following statistical assumptions:

Sample size (n) = taking 59.4% proportion of intention to leave (7) margin of error (d) of 0.05 and with 95% confidence level ( $Z_{\alpha/2}$ ).

Thus

$$n = \frac{(Z \alpha/2)^2 \times P (1 - P)}{d^2}$$

$$n = \frac{(1.96)^2 \times (0.594) \times (0.406)}{(0.05)^2} = 371$$

Adding 10% contingency for non-response rate = 371 + 37 = 408

For the second objective sample size was determined using double population proportion formula and three key predictors were taken from the previous literature (7) According to the following assumptions and sample size was computed by Epi info version 7.2 software.

S.no	Associated factor	Assumption	Sample size
1	Payment	OR= 2.067, power 80%, ratio 1:1 payment in unexposed group= 44.5% exposed group= 66.4 % and 10% for the non-response	196
2	Promotion	OR=1.995, promotion in unexposed group=47% , exposed group 68.2% power 80% , ratio 1:1 and 10% for the non-response	207
3	Professional development	OR=2.586, training in unexposed group=43.3%, exposed group 68.5 power 80%, ratio 1:1 and 10% for the non-response	149

Thus the minimum adequate sample size for quantitative part this specific study was 408 from taking single population proportion. For qualitative study 9 key informants were selected purposively based on knowledge, interaction and experience.

### 3.5.2. Sampling Procedure

Four hundred eight samples were proportionally allocated for each district hospitals based on the number of health workers who were currently working in the hospitals. Then, study participants were selected using simple random sampling technique by using their payroll after excluding non-health professionals in each Hospital (for quantitative), and purposive sampling was used to select key informants for the qualitative approach of the study.

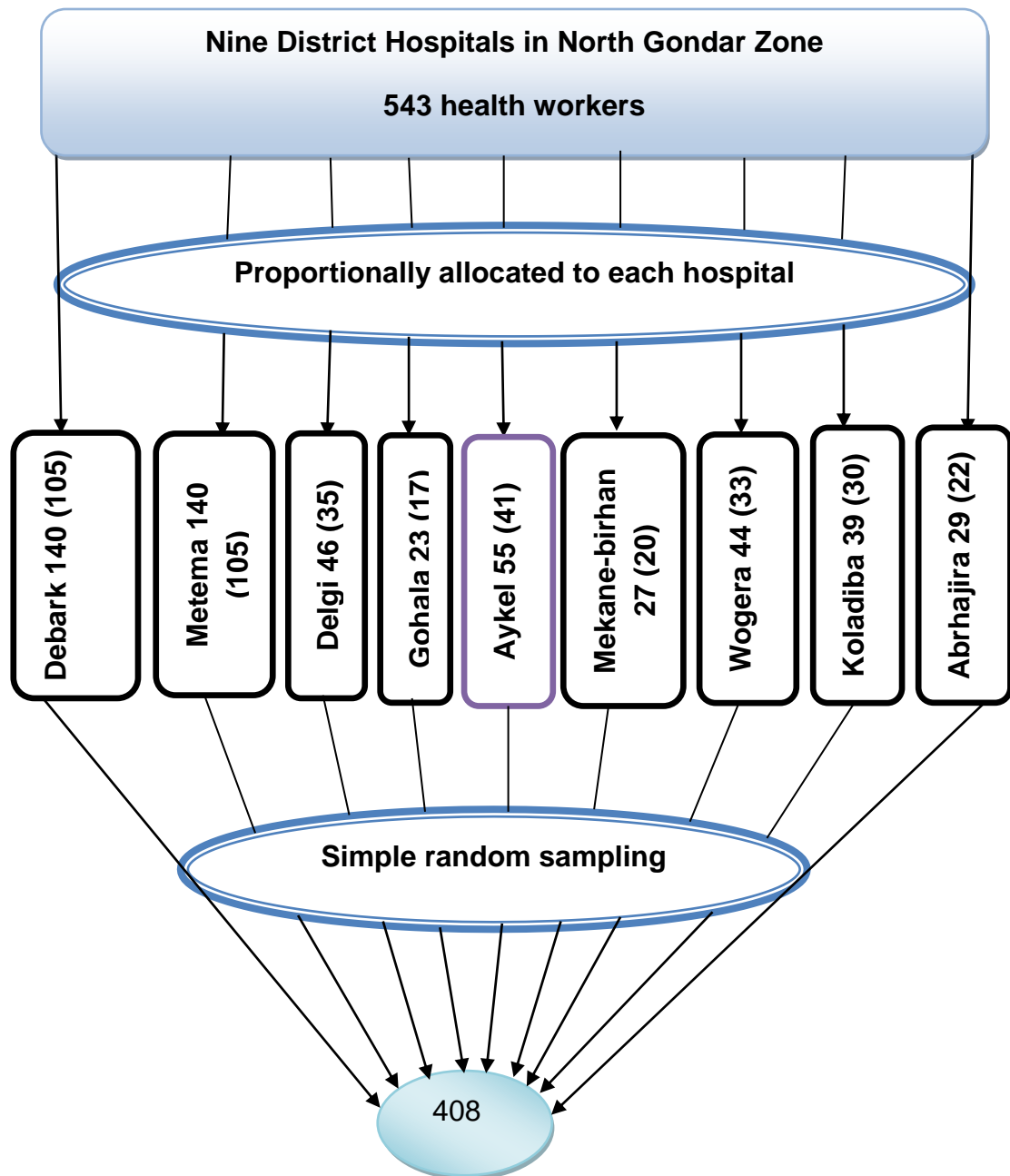


Figure 2:- Schematic presentation of sampling procedure on intention to leave among health workers in North Gondar Zone District Hospital 2017.

### **3.6. Variables of the Study**

#### **3.6.1. Dependent Variable**

Intention to leave the present organization

#### **3.6.2. Independent Variables**

##### **Socio-demographic**

- ✓ Age
- ✓ Sex
- ✓ Marital Status
- ✓ Educational status
- ✓ Profession
- ✓ Work experience
- ✓ Family dependency
- ✓ Family arrangement

##### **Economic Related Factors**

- ✓ Position
- ✓ Salary
- ✓ Opportunity of other work

##### **Job Satisfaction Related Factors**

- ✓ Autonomy
- ✓ Organization policy and strategy
- ✓ Pay and benefit
- ✓ Performance appraisal
- ✓ Recognition and reward
- ✓ Co-worker relationship
- ✓ Supervisor support
- ✓ Work environment
- ✓ Professional development
- ✓ Work load

##### **Organizational Commitment Related Factors**

- ✓ Affective commitment
- ✓ Normative commitment
- ✓ Continuous commitment

### 3.7. Operational Definition

**Intention to leave:** The intention of an employee to leave their current working organization in the near future measured by using three items each scored 1-5 point Likert scale. Respondents who were scored more than 60% of the sum of all the intention to leave scale items was considered as showing the Intention to leave (32).

**Job Satisfaction:** means the extent of positive or negative feeling workers hold about their jobs. Respondents who scored greater than 60% of the sum of the satisfaction scales were considered as satisfied (32).

**Work Environment:** means the respondents' feeling towards the quality of the physical working environment. This was measured by using three items each scored 5-point Likert scale.

**Supervisor Support:** means the respondents' feeling about the supervisors support in preventing and solving health worker problems. This was measured by using six items each scored 5-point Likert scale.

**Co-worker Relationship:** means the employees' interpersonal relationships with each other. This was measured by using three items each scored 5-point Likert scale.

**Pay and Benefit:** means employees' expectation of fairness and adequate compensation on his/her work. This was measured by using four items each scored 5-point Likert scale.

**Recognition and Reward:** describes the employees' feeling towards the timeliness and fairness of recognition and reward. This was measured by using three items each scored 5-point Likert scale.

**Professional Development:** means availability of educational advancement opportunities for employees in their organization. This was measured by using three items each scored 5-point Likert scale.

**Autonomy:** describes the employees' self-direction in initiating and continuing their work behaviors and making decisions. This was measured by using four items each scored 5-point Likert scale.

**Performance appraisal:** describes the respondents feeling towards fairness on measurement of their actual performance and timeliness. This was measured by using three items each scored 5-point Likert scale.

**Organization Policy and Strategies:** Describes the respondents feeling on implementation of rules and regulations of the organization. This was measured by using five items each scored 5-point Likert scale.

**Workload:** describes the amount of time and work loads of participants. This was measured by using four items each scored 5-point Likert scale.

**Organizational Commitment:** Health workers degree of attachment towards their organization. A score with above 60% of the sum of the commitment scales have participants a high organizational commitment.

**Affective Commitment:** Health professions attitudes towards the alignment of organizational value and goals. This was measured by using three items each scored in 5-point Likert scale.

**Continuance Commitment:** Health profession desire to stay with organization in light of costs associated with leaving. This was measured by using three items each scored in 5-point Likert scale.

**Normative Commitment:** Health profession decision to stay with an organization because of feels obligated. This was measured by using three items each scored in 5-point Likert scale.



### **3.8. Data Collection, Quality Control and Analysis**

#### **3.8.1. Data Collection Tools**

Self-administered structured questionnaire adopted from different literatures were used for the quantitative data and semi structured guiding interview questionnaires were adopted from different literature for the qualitative data (13, 16, 28).

#### **3.8.2. Data Collection Procedures**

The quantitative approach self-administered structured questionnaires were used to measure and identify socio-demographic characteristics, job satisfaction, organizational commitment and their intention to leave.

For the qualitative approach the principal investigator undertake the data collection. Guiding questionnaires were used to dictate (state) the interview. The interviewed was conducted by arranging comfortable time and place, conducted in Amharic. And the information is recorded, transcribed then translated.

#### **3.8.3. Data Quality Control**

Three data collectors (diploma nurses) and two supervisors (BSc Nurses) were recruited for data collection and training were given for a day. The questionnaire was first prepared in English and translated to Amharic (local language) and then back to English after data collection to ensure its consistency. Pre-test was conducted on 10% of total sample size (41) in Addis Zemen district hospital. For qualitative part data was collected by principal investigator after giving brief orientation to the respondents and arranged favorable time and place before started interview. Then, note and tape recording were taken and transcribed.

#### **3.8.4. Data Processing and Analysis Procedure**

For the quantitative part the collected data were checked for completeness. Then, it was coded, organized and entered into Epi-info version 7.2 and exported to SPSS version 20 software for cleaning, and analysis. Descriptive statistical analysis such as frequencies and percentage were used to describe the sample characteristics and responses. Reliability test (Cronbach $\alpha$ ) was performed to check reliability of the

questionnaire items. The data were analyzed through Binary and multivariable logistic regression. Adjusted Odds Ratio (AOR) with 95% CI and p-value <0.05 were used to identify significant variables with the outcome. Hosmer and Lemeshow goodness of fit test was used to assess the model. For qualitative study manual thematic analysis was used.

### **3.9. Ethical Consideration**

Ethical clearance was obtained from the Ethical Review Committee of Institute of Public Health, College of Medicine and Health Sciences, University of Gondar. Before communicating study participants' official permission letter of cooperation was obtained from Amhara National Regional Health Bureau (ANRHB) and the respective hospitals. Written informed consent was taken from each participants. Each eligible study participant was informed about the purpose and importance of the study. Participants were informed as they have the right to refuse in participating or answering any of the questions without any restriction. Participants got also the assurance that their name were not written on the questionnaire and confidentiality of the data kept at all levels.

## **4. Results**

### **4.1. Socio-Demographic and Economic Characteristics**

Among a total of 408 study participants 382 were fully completed the questionnaires with a response rate of 93.6%. The age of study participants ranged from 20-55 years. With median age of 26 years with IQR (25-29 years). Most of respondents were males 219 (57.3%) and almost half of the study participants were unmarried 190 (49.7%). Half of (191) the respondents had bachelor degree in health sciences, 265 (69.3%) of participants had less than five years work experience and the median monthly salary of the respondents were 4,446.00 with IQR (3,137.00 - 6,179.00) Ethiopian birr (Table1).

**Table 1:-** Socio-demographic and Economic characteristics of health workers working in north Gondar zone district hospitals, Northwest Ethiopia, 2017 (n=382)

<b>Variables</b>	<b>Category</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Sex</b>	Male	219	57.3
	Female	163	42.7
<b>Age in years</b>	20-29	278	72.8
	30-39	67	17.5
	>=40	37	9.7
<b>Educational status</b>	Diploma	181	47.4
	Degree and above	201	52.6
<b>Marital status</b>	Single	190	49.7
	Married	192	50.3
<b>Family arrangement</b>	Within family	124	32.2
	Out of family	258	67.5
<b>Family dependency</b>	Yes	118	30.9
	No	264	69.1
<b>Current position</b>	Yes	56	15.7
	No	326	84.3
<b>Years of services</b>	Less than 2 years	105	27.5
	3-5 years	160	41.9
	6 and above	117	30.6
<b>Monthly salary in EBR</b>	Less than 3137	119	31.2
	3138-4085	68	17.8
	4086-5294	88	23.0
	5295 and above	107	28.0

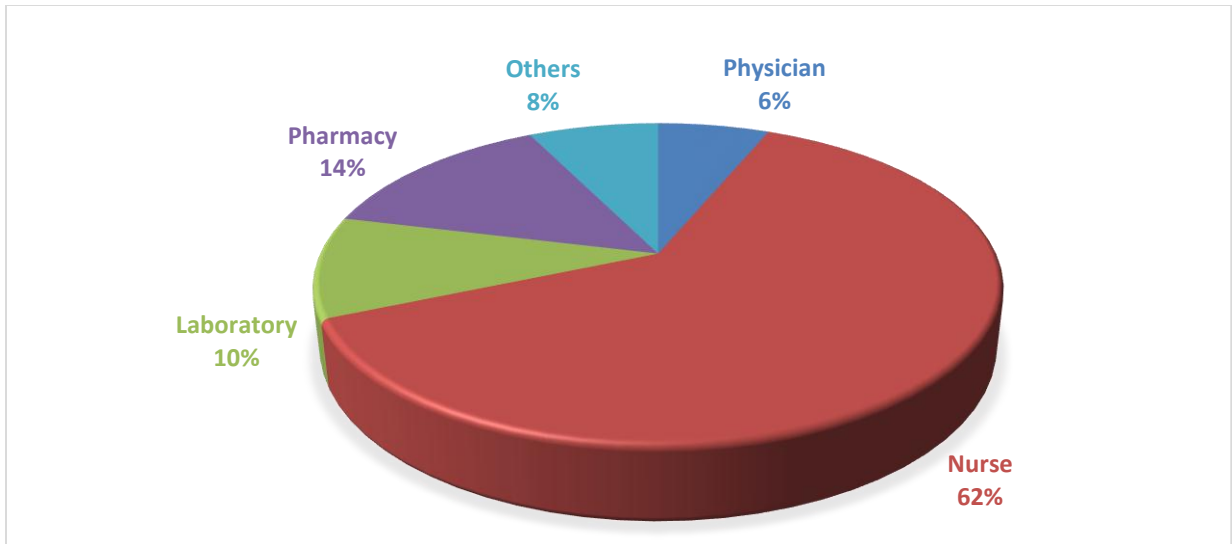


Figure 3:- Health worker distribution in different profession at North Gondar District Hospitals Northwest Ethiopia, 2017 (n=382).

#### 4.2. Organizational Related Factors

More than half (51%) of the respondents stated that they have high normative commitment to their organization, (45.8%) and (33.2%) have had continuance and affective commitment to their organization, respectively.

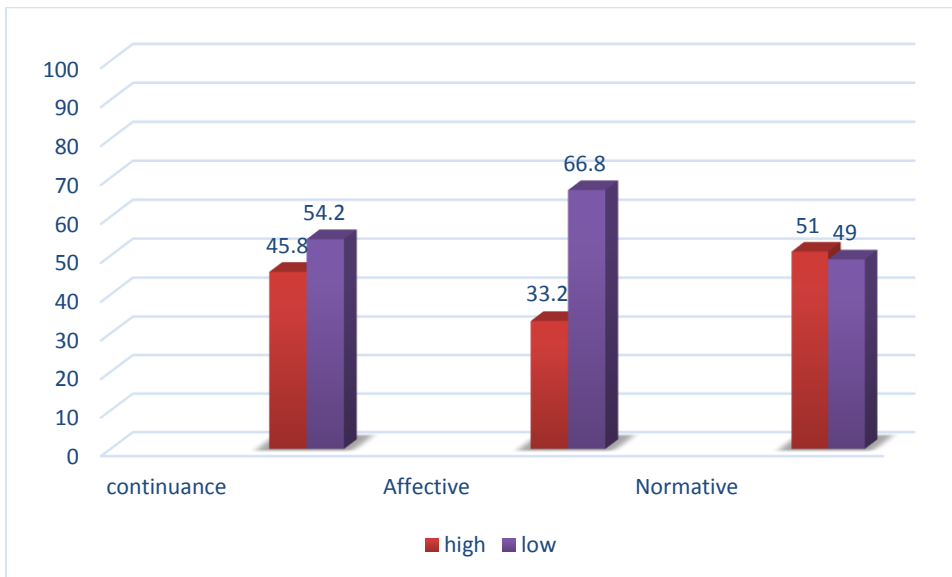


Figure 4:- Organizational affective, normative and continuance commitment among health workers working in North Gondar district hospitals (n=382) 2017.

### 4.3. Job Satisfaction Related Factors

Of the participants 258 (67.5%) had high level of satisfaction with their coworker relationships, 244 (63.9%), 295 (77.2%), 280 (73%) and 269 (70.4%) of them were unsatisfied with their performance appraisal, professional development, organizational policy and reward respectively (Table 2).

**Table 2:-** Job satisfaction by different dimensions among health workers in north Gondar district hospitals, Northwest Ethiopia, 2017 (n=382)

Variables	Category	Frequency	Percent (%)
Performance appraisal	Satisfied	138	36.1
	Unsatisfied	244	63.9
Professional development	Satisfied	87	22.8
	Unsatisfied	295	77.2
Recognition and reward	Satisfied	113	29.6
	Unsatisfied	269	70.4
Autonomy	Satisfied	180	47.1
	Unsatisfied	202	52.9
Payment and benefit	Satisfied	88	23.0
	Unsatisfied	294	77.0
Supportive supervision	Satisfied	150	39.3
	Unsatisfied	232	60.7
Workload	High	177	46.3
	Low	205	53.7
Coworker relationship	Good	258	67.5
	Poor	124	32.5
Organizational policy and Strategy	Satisfied	101	26.7
	Unsatisfied	280	73.3

#### 4.4. Intention to Leave

The overall proportion of intention to leave their current working organization among the study participants were 67.8% (95% CI: 63.4, 72.3).

#### 4.5. Factors Associated with Intention to Leave

After adjusting for the possible effects of confounders variables such as age, family arrangements, opportunity of other works, performance, and affective commitment, were significantly associated with intention to leave.

Health workers who were in the age group of 20 - 29 years were 3.96 times (AOR: 3.96; 95% CI: 1.04, 15.07) more likely intended to leave their working organization than those health workers whose age greater than 40.

Those who lived out of their family were 1.73 times (AOR: 1.73; 95% CI: (1.23, 3.02) more likely had intention to leave than those who lived with their families. A 32 years male pharmacy technology in one of the district hospitals said that, *"I didn't want to leave this hospital even if I am not satisfied with the overall working system of the hospital because I have a child and wife we are living together so if I want to leave this hospital it needs extra costs."*

Health workers having opportunity of other works were 2.04 times (AOR: 2.04; 95% CI: 1.21, 3.45) more likely intended to leave as compared to those who haven't opportunity of other works. This is particularly related with their profession and the value of their discipline in the job market key informants who are *"laboratory and pharmacy professionals highlighted (currently they are not easily available in the market) that their respective profession has high market demand and have a good chance to leave their current job."*

Health workers who were unsatisfied with performance appraisal were 2.97 times (AOR 2.97; 95% 1.64, 5.36) more likely to had intention to leave than who were satisfied with performance appraisal. Key informant interview, the respondents frequently mention their suspicion to the evaluation system. A 27 year female laboratory said that: *"What I have observed from all my seven years' experience*

*were the lack of fair performance evaluation system. It is a very poor system and the criteria has nothing to do with meritocracy, this makes me disappointed and dissatisfied. How much should I bear the burden and I should leave the job as soon as possible.”*

Health workers those who are low in affective commitment were 3.12 times (AOR 3.12; 95% CI (1.64, 5.92) more likely intention to leave than those who are high affective commitment (Table 3).

During the course of the interview, most of the key informants bluntly (hardly) expressed their job dissatisfaction a 36 years male nurse stated that he was not satisfied with the job because there was “no professional development, recognition, incentives and reward, adequate working materials” He further explained that “there was no good working environment and vibrant (initiative) leaders.”



**Table 3:-** Bivariate and multivariable logistic regression analysis of factors associated with intention to leave among health workers in north Gondar district hospitals, northwest Ethiopia, 2017(n=382).

Variables	Intention to leave		COR (95%CI)	AOR (95%CI)
	Yes	No		
Age				
20-29	201	77	3.07(1.28, 9.40)	<b>3.96(1.04, 15.07)*</b>
30-39	41	26	1.86(0.76, 6.66)	2.73(0.78, 9.64)
>=40	17	20	1	
Performance				
Satisfied	73	65	1	
Unsatisfied	186	58	2.86(1.83, 4.46)	<b>2.97(1.64, 5.36)**</b>
Education opportunity				
Yes	53	34	1	
No	206	89	1.49(0.90, 2.44)	1.38(0.71, 2.68)
Recognition				
Satisfied	69	44	1	
Unsatisfied	190	79	1.53(0.97, 2.43)	0.89(0.49, 1.61)
Family arrangement				
Within family	69	55	1	
Out of family	190	68	2.23(1.42, 3.49)	<b>1.73(1.23, 3.02)*</b>
Salary				
<3137	82	37	0.79(0.44, 1.40)	0.99(0.40, 2.44)
3138-4085	35	33	0.38(0.20, 0.71)	0.43(0.19, 0.95)*
4086-5294	63	25	0.89(0.47, 1.68)	1.13(0.43, 2.96)
5295 and more	79	28	1	
Supervision				
Satisfied	93	57	1	
Unsatisfied	166	66	1.54(0.99, 2.38)	1.11(0.61, 1.98)
Continuous commitment				
High	110	65	1	
Low	149	58	1.52(0.99, 2.34)	1.45(0.85, 2.46)
Normative commitment				
High	141	54	1	
Low	118	69	0.66(0.43, 1.01)	0.96(0.55, 1.65)
Affective commitment				
High	155	100	1	
Low	104	23	2.92(1.74, 4.89)	<b>3.12(1.64, 5.92)**</b>
Opportunity of other work				
Yes				
No	146	41	2.58(1.65, 4.04)	<b>2.04(1.21, 3.45)**</b>
	113	82	1	
Service				
<2 years	81	24	1	
3-5 years	104	56	0.55(0.31, 0.96)	0.90(0.45, 1.79)
>=6 years	74	43	0.51(0.28, 0.92)	1.41(0.45, 4.43)

CI= Confidence Interval, COR= Crude Odds Ratio, AOR=Adjusted Odds Ratio, 1= reference category \* = p-value less than 0.05 \*\*= p-value less than 0.01

## 5. Discussion

This study revealed that the overall proportion of intention to leave was 67.8% (95% CI: 63.4, 72.3). It is in line with a study conducted in Ghana (69%) (11). This figure is so big that shows the depth and magnitude of the problem. Comparing with studies conducted in other countries, the findings of this research shows that the problem is so severe in the study area. It is higher than studies conducted in University of Gondar referral hospital (52.5%) (15), Iraq (55.2%) (9) and Japan 57.8% (8). This finding is much higher than the study conducted in other Africa countries such as Tanzania (18.8 %), Malawi (26.5%) and South Africa (41.4%) (5). The possible explanation might be due to difference in study setting. This study included only district hospitals with poor infrastructure which might enforced them to leave their organization.

However this finding is lower than the study conducted in Sidama zone public health facilities showed that 84.3% and Yiraglem and Hawassa referral hospital (83.7%) (13, 14) had intention to leave their organization. This variation may be due to differences in study population where nurses are the only study participants in the previous studies. Nurses are more likely to have high work load and more intended to leave their working organization as compared with other health workers (15).

Health workers in the age group between 20-29 were 3.96 times (AOR: 3.96; 95% CI: 1.04, 15.07) more likely intended to leave as compared to those in age group greater than forty. This finding is consistent with studies done in Southern Ethiopia Sidama and Iraq (9, 13). The possible explanation for this finding might be lower aged health workers were unmarried so they can move anywhere in anticipation of getting better benefits.

Health workers those who lived out of the families were 1.73 times AOR: 1.73; 95% CI: (1.23, 3.02) more likely intended to leave than those who lived with families. This finding is in line with a study conducted in East Gojjam health institutes (7). The possible explanation might be health workers who lived out of families might be suffered from increased cost of living and preference of stability.

Health workers those who have had other work opportunity were intended to leave 2.04 times more likely than those who have had no other work opportunity AOR 2.04; 95% CI: (1.21, 3.45). This result is in line with Iraqi (9). This might be due to health worker demand in the market some professions have high demand.

Regarding to job satisfaction performance appraisal, Health workers who were unsatisfied with Performance appraisal were 2.97 times more likely intended to leave than who were satisfied with performance appraisal. This result is in line with Oromia Region, Southern Ethiopia, and public hospitals of West Shoa zone, Oromia region (12, 22). The reason may be due to unfair performance evaluation system and currently performance evaluation is directly related with professional development.

Those who were low in organizational affective commitment were 3.12 times intended to leave than their counterpart AOR: 3.12; 95% CI: (1.64, 5.92). This finding is supported by other study in which affective commitment were negatively correlated with employee intention to leave (25, 33). Committed employees are more likely to stay with their organizations. This is because if employees feel a sense of belongingness or involved and linked emotionally with the organization goal and strategies. Therefore, they want to stay with their organizations.

**Limitation of the study:** Since self-administered questionnaires were used to collect data the study were subjected to response bias. The study also cross-sectional so that, it does not show cause effect relationship clearly.

## **6. Conclusion**

In this study the magnitude of intention to leave among health workers was high (67.8%) Being age group between 20-29 years, live out of family, opportunity of other work, unsatisfied performance appraisal, and low affective commitment were the factors significantly associated with the intention to leave.

## **7. Recommendations**

This finding has shown important implications for managers to address the problem, it needs a comprehensive approach among stakeholders. Accordingly, this study suggests the following points as recommendations.

### **To Hospital Managers**

- ✓ Hospital leader need to improve health care workers retention and satisfaction through creating appropriate performance evaluation way.
- ✓ The hospital managers have to permit the health workers particularly the young age to participate in every aspect of the organization in order to bring good affective commitment.

### **To Amhara National Regional State Health Bureau**

- ✓ Ensure regular rotation with special emphasis on family unification.
- ✓ Implement performance appraisal based on meritocracy that could be guided by the performance management policy.
- ✓ Regular need assessment of demand and supply for health professionals.

### **To Researchers**

- ✓ Need to conduct follow up study to compare participants' intention to leave versus their actual turnover.

## 9. References

1. Bandhanpreet Kaur MaDP. Antecedents of Turnover Intentions. *Global Journal of Management and Business Studies*. 2013;3: 1219-30.
2. San Park J, Hyun Kim T. Do types of organizational culture matter in nurse job satisfaction and turnover intention? *Leadership in Health Services*. 2009;22(1):20-38.
3. Buchan J, Aiken L. Solving nursing shortages: a common priority. *J Clin Nurs*. 2008;17(24):3262-8.
4. Masum AK, Azad MA, Hoque KE, Beh LS, Wanke P, Arslan O. Job satisfaction and intention to quit: an empirical analysis of nurses in Turkey. *PeerJ*. 2016;4:e1896.
5. Blaauw D, Ditlopo P, Maseko F, Chirwa M, Mwisongo A, Bidwell P, et al. Comparing the job satisfaction and intention to leave of different categories of health workers in Tanzania, Malawi, and South Africa. *Global Health Action*. 2017;6(1):19287.
6. Atnafe K, Tiruneh G, Ejigu T. Magnitude and associated factors of health professionals' attrition from public health sectors in Bahir Dar City, Ethiopia. *Health*. 2013;05(11):1909-16.
7. Alem Getie G. Assessment of Factors Affecting Turnover Intention Among Nurses Working at Governmental Health Care Institutions in East Gojjam, Amhara Region, Ethiopia, 2013. *American Journal of Nursing Science*. 2015;4(3):107.
8. Sato Y, Hayashida N, Orita M, Urata H, Shinkawa T, Fukushima Y, et al. Factors associated with nurses' intention to leave their jobs after the Fukushima Daiichi Nuclear Power plant accident. *PloS one*. 2015;10(3):e0122389.
9. Jadoo SAA, Aljunid SM, Dastan I, Tawfeeq RS, Mustafa MA, Ganasegeran K, et al. Job satisfaction and turnover intention among Iraqi doctors-a descriptive cross-sectional multicentre study. *Human resources for health*. 2015;13(1):21.

10. Tsai YH, Huang N, Chien LY, Chiang JH, Chiou ST. Work hours and turnover intention among hospital physicians in Taiwan: does income matter? *BMC Health Serv Res*. 2016;16(1):667.
11. Bonenberger M, Aikins M, Akweongo P, Wyss K. The effects of health worker motivation and job satisfaction on turnover intention in Ghana: a cross-sectional study. *Human resources for health*. 2014;12(1):43.
12. Gesesew HA, Tebeje B, Alemseged F, Beyene W. Health workforce acquisition, retention and turnover in southwest Ethiopian health institutions. *Ethiopian Journal of Health Sciences*. 2016;26(4):331.
13. Asegid A, Belachew T, Yimam E. Factors Influencing Job Satisfaction and Anticipated Turnover among Nurses in Sidama Zone Public Health Facilities, South Ethiopia. *Nurs Res Pract*. 2014;2014:909768.
14. Vata GNaPK. Assessment of health professionals' intention for turnover and determinant factors in Yirgalem and Hawassa referral hospitals, Southern Ethiopia. *International Journal of Development Research*. November, 2014;4(11):2507-10.
15. Endager A, Mezgebu Y, Measho G. Turnover Intention and Associated Factors Among Health Professionals in University of Gondar Referral Hospital, Northwest Ethiopia. *International Journal of Economics & Management Sciences*. 2014;03(01).
16. Endale Woldegiorgis A. Health Professionals' Intention to Leave from Public Health Facilities and Its Determinants in Gambella Region, Southwest Ethiopia. *American Journal of Health Research*. 2015;3(6):386.
17. Lorber M, Skela Savič B. Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals. *Croatian Medical Journal*. 2012;53(3):263-70.
18. Tzeng H-M. The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *International journal of nursing studies*. 2002;39(8):867-78.
19. Yang H, Lv J, Zhou X, Liu H, Mi B. Validation of work pressure and associated factors influencing hospital nurse turnover: a cross-sectional

- investigation in Shaanxi Province, China. *BMC Health Serv Res.* 2017;17(1):112.
20. Patience Edoho S-A. Job Satisfaction among Nurses in Public Hospitals in Calabar, Cross River State Nigeria. *American Journal of Nursing Science.* 2015;4(4):231.
  21. Marinucci F, Majigo M, Wattleworth M, Paterniti AD, Hossain MB, Redfield R. Factors affecting job satisfaction and retention of medical laboratory professionals in seven countries of Sub-Saharan Africa. *Human resources for health.* 2013;11(1):38.
  22. Mekuria Mengistu M. Factors Associated to Job Satisfaction Among Healthcare Workers at Public Hospitals of West Shoa Zone, Oromia Regional State, Ethiopia: A Cross Sectional Study. *Science Journal of Public Health.* 2015;3(2):161.
  23. Geleto A, Baraki N, Atomsa GE, Dessie Y. Job satisfaction and associated factors among health care providers at public health institutions in Harari region, eastern Ethiopia: a cross-sectional study. *BMC research notes.* 2015;8(1):394.
  24. Tourangeau AE, Cummings G, Cranley LA, Ferron EM, Harvey S. Determinants of hospital nurse intention to remain employed: broadening our understanding. *Journal of advanced nursing.* 2010;66(1):22-32.
  25. Omar K, Mohamed Anuar M, Majid A, Halim A, Johari H. Organizational commitment and intention to leave among nurses: the mediating role of moral obligation. *International Journal of Management Studies (IJMS).* 2012;19(2):31-46.
  26. WeiBo Z, Kaur S, Jun W. New development of organizational commitment: A critical review (1960-2009). *African Journal of Business Management.* 2010;4(1):12-20.
  27. Meyer JP, Allen NJ. A three-component conceptualization of organizational commitment. *Human resource management review.* 1991;1(1):61-89.

28. Abdulwahhab s. Assessment of the magnitude and associated factors of turnover intention among nurses in tikur anbessa specialized hospital, addis ababa. AAU. 2015.
29. Cortese CG. Predictors of critical care nurses' intention to leave the unit, the hospital, and the nursing profession. *Open Journal of Nursing*. 2012;02(03):311-26.
30. Lee SY, Kim CW, Kang JH, Yoon TH, Kim CS. Influence of the nursing practice environment on job satisfaction and turnover intention. *Journal of preventive medicine and public health = Yebang Uihakhoe chi*. 2014;47(5):258-65.
31. Tourangeau AE, Cummings G, Cranley LA, Ferron EM, Harvey S. Determinants of hospital nurse intention to remain employed: broadening our understanding. *J Adv Nurs*. 2010;66(1):22-32.
32. Dachew BA, Birhanu AM, Biftu BB, Tiruneh BT, Anlay DZ. High proportion of intention to leave among academic staffs of the University of Gondar, Northwest Ethiopia: a cross-sectional institution-based study. *International Journal of Innovations in Medical Education and Research*. 2016;2(1):23-7.
33. Meyer JP, Stanley DJ, Herscovitch L, Topolnytsky L. Affective, Continuance, and Normative Commitment to the Organization: A Meta-analysis of Antecedents, Correlates, and Consequences. *Journal of Vocational Behavior*. 2002;61(1):20-52.



## **Annexes**

### **A. Information Sheet**

**University of Gondar**

**College of Medicine and Health Science**

**Institute of Public Health Department of health economics and health  
service management**

**Research title:** Intention to leave and associated factors among health workers in North Gondar Zone District Hospital, Northwest Ethiopia.

**Name of Principal investigator:** Nigusu Worku

**Name of the organization:** University of Gondar

**Name of the Sponsor:** Amhara National Regional State Health Bureau

**Introduction:** This information sheet is prepared to explain the study you are being asked to join. Please read carefully and ask any questions about the study before you agree to join. You may also ask questions at any time after joining the study. The investigator is final year Health Service Management master's graduate student from the Institute of Public Health, College of Medicine and Health Sciences, University of Gondar.

**Purpose of Research Project:** The purpose of this research is to assess the magnitude of intention to leave and associated factors among health workers in North Gondar Zone Governmental District Hospitals. This study will be helpful to allow the woreda health office, hospital leaders and other stakeholders to better understand the underlying issues in order to implement strategies. It also will serve as a reference for other studies.

**Procedure:** To assess the magnitude of intention to leave and associated factors among health workers working district hospitals North Gondar, we invite you to take part in this research project. If you are willing to participate in this project, you need to understand and sign the agreement form. Then after, you will be given a self-administered questionnaire by the data collector to give your response. You do not

need to write your name. All your responses and the results obtained will be kept confidentially by using coding system where no one will have access.

**Risk:** By participating in this research project, you may waste 30 minutes. Otherwise there is no risk in participating in this research project.

**Benefits:** If you participate in this research project, there may not be direct benefit to you but your participation will greatly help us in assessing health workers intention to leave their organization and identify factors influencing their intention. You will not be provided any incentives or payment to take part in this research project.

**Confidentiality:** The information collected from this research project will be kept confidential and information about you that will be collected by this study will be stored in a file, without your name, but a code number assigned to it. And it will not be revealed to anyone except the principal investigator and will be kept locked with key.

**Right to refuse or withdraw:** You have full right to refuse from participating in this research. You can choose not to respond to some or all questions if you do not want to give your response. You have also the full right to withdraw from this study at any time.

**Persons to contact:** If you have any question, please contact the following person.  
Nigusu Worku

Phone number +251-918-021-437

Email address: [nigusu127@gmail.com](mailto:nigusu127@gmail.com)

Professor Amsalu Feleke

Phone number +251-918-771-312

E-mail [felekeam@yahoo.com](mailto:felekeam@yahoo.com)

Mr. Ayalew Debie (MPH)

Phone number +251-910-151-929

[E-mail debieayale@gmail.com](mailto:debieayale@gmail.com)

## B. Consent Form

**Good morning/good afternoon!**

My name is \_\_\_\_\_ I am here today to collect data on intention to leave and associated factors among health workers working in North Gondar District Hospitals. The study is being conducted by **Mr. Nigusu Worku** from University of Gondar, College of Medicine and Health Science, post graduate program. The objective of this study is to assess factors associated with intention to leave of health workers working in North Gondar District Hospitals. The data you provide are believed to have a great value for the success of this research. I confirm you that all data will be used for academic purpose and analyzed anonymously through the authorization of the university. As a result, you are not exposed to any harm because of the information you provide. This questionnaire may take 30 minutes to complete and your participation is voluntary and you are not obligated to answer any question you do not wish to answer. If you have questions regarding this study and also if you would like to be informed of the results after its completion, please feel free to contact the principal investigator.

Would you participate in responding to the questions in this questionnaire?

Yes ☐ No ☐

Signature participant \_\_\_\_\_

Data collectors' name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## C. English Version Questionnaire

### General Instructions

- ✓ No need of writing your name
- ✓ In all cases where answer options are available please circle the number provided if have not option write short word.
- ✓ For scale typed questions please circle your preferred level of agreement

### Part I: Demographic and socio-economic Information

S.no	Question	Coding Categories
101	Name of Hospital	.....
102	Sex	1. Male 2. Female
103	Age in year	-----year
104	Marital status	1. Single 2. Married 3. Divorced 4. Widowed
105	Family arrangement	1 live with family 2 live far from family
106	Do you have any dependency family	1 yes 2 No
107	Education level	1. Diploma 2. Degree 3. MSC and above
108	Profession	.....
108	Work experience in years	-----year
109	Current position	1. Hospital director 2. Department head 3. Case team leader 4. Members
110	Salary	-----birrs(gross) ETB
111	Do you have alternative job opportunities	1 Yes 2. No

## Part II: Job satisfaction factors questionnaire

Instruction: There are statements about job satisfaction factors affecting health worker intention to leave and each statement has five alternatives with five point scale. Read each item carefully and circle:

1= If you are very dissatisfied about the statement.

2= If you are dissatisfied about the statement.

3= If you are neither satisfied nor dissatisfied (neutral) about the statement.

4= If you are satisfied about the statement.

5= If you are very satisfied about the statement.

	<b>Job satisfaction factor</b>					
	<b>Performance appraisal</b>					
201	My performance appraisal is conducted on time each year	1	2	3	4	5
202	I always receive a copy of my six month performance appraisal	1	2	3	4	5
203	The fairness of performance appraisal system as compared with colleagues	1	2	3	4	5
	<b>Autonomy</b>					
204	The freedom to use my own judgment	1	2	3	4	5
205	The freedom of decision to accomplish my assigned task	1	2	3	4	5
206	The chance to control the scheduling of my work	1	2	3	4	5
207	The chance to do new and original things on my own.	1	2	3	4	5
	<b>Professional development</b>					
208	Opportunity for further education	1	2	3	4	5
209	The chances for advancement on this job.	1	2	3	4	5
210	The screening of getting chances whether it is based on job performance/ achievement)	1	2	3	4	5
	<b>Co-worker relation ship</b>					
211	The relationship I have with other health-care workers	1	2	3	4	5
212	The chance to develop close friendship	1	2	3	4	5
213	The friendliness of my co-workers	1	2	3	4	5
	<b>Pay and benefit</b>					
214	The amount of pay for the work I do	1	2	3	4	5
215	How my pay compares with that for similar jobs in other organizations	1	2	3	4	5
216	The benefits I received	1	2	3	4	5

217	The way to get benefit compared to my friends	1	2	3	4	5
	<b>Organization policy and strategy</b>					
218	The way institute policies are put into practice.	1	2	3	4	5
219	The organizational policies and the way in which they are administered	1	2	3	4	5
220	The way employees are informed about the organization' policies	1	2	3	4	5
221	The way the organization treats its employees	1	2	3	4	5
222	The way my boss takes care of the complaints of his/her employees.	1	2	3	4	5
	<b>Physical working environment</b>					
223	The physical surroundings where I work	1	2	3	4	5
224	The availability and adequacy of equipment's and materials to perform my job	1	2	3	4	5
225	The working conditions (heating, lighting, ventilation, etc.) on this job.	1	2	3	4	5
	<b>Supervisor support</b>					
226	The personal relationship between my supervisor and his/her employees	1	2	3	4	5
227	The competence of my supervisor in making decisions	1	2	3	4	5
228	The way my supervisor delegates work to others	1	2	3	4	5
229	My supervisor gives me the opportunity in decision making	1	2	3	4	5
230	The technical expertise of my supervisor	1	2	3	4	5
231	The availability of the supervisor when needed	1	2	3	4	5
	<b>Work load</b>					
232	I have enough time to get everything done in my job	1	2	3	4	5
233	My workload is not heavy in my job	1	2	3	4	5
234	I have to work very hard in my job	1	2	3	4	5
235	I have to work very fast in my job	1	2	3	4	5
	<b>Recognition and reward</b>					
236	The chance to be recognized for accomplishments on the job	1	2	3	4	5
237	The timeliness and fairness of recognition	1	2	3	4	5
238	The feelings about its formality for recognizing staff achievements on the job	1	2	3	4	5

### Part III

#### Organizational commitment questionnaire

Instruction: There are statements about health professional organizational commitment, and each statement has five alternatives with five point scale. Read each item carefully and circle:

1= If you strongly disagree about the statement.

2= If you disagree about the statement.

3= If you neither agree nor disagree (neutral) about statement.

4= If you agree about the statement

5=If you strongly agree about the statement.

<b>Organizational commitment</b>					
	<b>Affective Commitment</b>				
<b>301</b>	"My organization has a great deal of personal meaning for me"	1	2	3	4 5
<b>302</b>	"I feel a strong sense of belonging to my organization"	1	2	3	4 5
<b>303</b>	"I feel like part of the family" in this organization."	1	2	3	4 5
	<b>Normative Commitment</b>				
<b>304</b>	" I would feel guilty if I left the hospital now"	1	2	3	4 5
<b>305</b>	"I would not leave this organization right now because I feel an obligation to stay"	1	2	3	4 5
<b>306</b>	"This organization deserves my loyalty."	1	2	3	4 5
	<b>Continuance Commitment</b>				
<b>307</b>	"I feel that I have too few options to consider leaving this organization"	1	2	3	4 5
<b>308</b>	"Too much of my life would be disrupted if I decided to leave this organization now"	1	2	3	4 5
<b>309</b>	"It wouldbe very hard for me to leave this organization right now, even if I wanted to."	1	2	3	4 5

#### Part IV Intention to leave

**Instruction:** There are statements about health workers intention to leave the organization, and each Statement has five alternatives with five point scale. Read each item carefully and circle:

1= If you **strongly disagree** about the statement.

2= If you **disagree** about the statement.

3= If you **neither agree nor disagree (neutral)** about statement.

4= If you **agree** about the statement

5= If you **strongly agree** about the statement.

	<b>Intention to leave the organization</b>	1	2	3	4	5
401	"I think a lot about leaving the organizations."	1	2	3	4	5
402	"I am actively searching for an alternative to this organization."	1	2	3	4	5
403	"As soon as it is possible, I will leave the organization."	1	2	3	4	5
	<b>Intention to leave the profession</b>					
404	In the future I have an intention of changing my profession.	1	2	3	4	5



## D. Amharic Version Information Sheet

### የጎንደር ዩኒቨርሲቲ

ህክምና እና ጤና ሣይንስ ኮሌጁ

የህብረተሰብ ጤና አጠባበቅ ተቋም

#### 1. የመረጃ መግለጫ ቅፅ

የምርምሩ/የጥናቱ ርዕስ: በሰሜን ጎንደር ወረዳ ሆስፒታሎች የሚሰሩ የጤና ባለሙያዎች ከስራ ወይም ከተቋሙ የመልቀቅ ሀሳብ እና ተዛማጅ ሁኔታዎች ይሰኛል።

የዋና ተመራማሪው ስም: ንጉሱ ወርቁ

የድርጅቱ ስም: ጎንደር ዩኒቨርሲቲ

ወጪውን የሚሸፍነው አካል: የአማራ ብሄራዊ ክልልዊ መንግስት ጤና ጥበቃ ቢሮ

መግቢያ: ይህ መረጃ የተዘጋጀው በሰሜን ጎንደር ወረዳ ሆስፒታሎች ለሚሰሩ የጤና ባለሙያዎች ሲሆን ዋና ዓላማውም ስለ ምርምሩ ዓላማ፣ ስለመረጃ አሰባሰቡ እንዲሁም ጥናቱን ለማካሄድ ፈቃድ ለማግኘት ከላይ የተገለፁትን አካላት ግልፅ እንዲሆንላቸው ለማድረግ ነው። በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ ጥያቄዎችን እንጠይቃለን።

የጥናት ፕሮጀክቱ የሚካሄድበት ዓላማ : የጥናቱ ዓላማ በሰሜን ጎንደር የመንግስት ሆስፒታሎች የሚሰሩ የጤና ባለሙያዎችን ከስራ ወይም ከተቋሙ የመልቀቅ ሀሳብ እና ተዛማጅ ሁኔታዎችን ለማጥናት ታቅዶ የተዘጋጀ ነው። ይህ ጥናት ለሆስፒታል አመራሮች እና ሌሎች አካላት የጤና ባለሙያዎች ከስራ ወይም ከተቋሙ የሚለቁበትን ምክንያት እና ተዛማጅ ሁኔታዎችን ግንዛቤ እንዲኖራቸው የሚረዳ ሲሆን የባለሙያ አያያዣቸውንም እንዲያሻሽሉ ያግዛል። የጥናቱ ግኝት ችግሩን ለመፍታት በተለይም ደግሞ ጥናቱ በሚካሄድበት ቦታ ትክክለኛ የሆነ የመፍትሄ አቅጣጫ ለመቅረብ እንደ መነሻ መሠረት ሁኖ ያገለግላል።

**አተገባበር:** የጥናቱን አላማ ለማሳካት በሰሜን ጎንደር የመንግስት የወረዳ ሆስፒታሎች ስድስት ወር እና ከዚያ በላይ የሰሩ የጤና ባለሙያዎችን ያካተታል።

**ሊገጥም የሚችል ችግር:** በዚህ ጥናት ላይ በመሳተፊዎ ምንም የሚደርስበዎት ጉዳት የለም። ነገር ግን መረጃውን ለመሙላት ግማሽ ሰዓት ያክል ጊዜዎትን ሊወስድበዎት ይችላል።

**ጥቅሞች:** በዚህ ጥናት ተሳታፊ በመሆንዎ በቀጥታ ሊያገኙት የሚችሉት ጥቅም ባይኖርም፤ የሚሰጡት መረጃ ግን በሰሜን ጎንደር መንግስት ሆስፒታሎች የሚሰሩ የጤና ባለሙያዎችን ከስራ ወይም ከተቋሙ የመልቀቅ ሀሳብ እና ተዛማጅ ሁኔታዎችን ለማጥናት ይጠቅማል።

**የተሳትፎ ክፍያዎች:** በጥናቱ በመካፈልዎ የሚሰጥ ክፍያ የለም።

**ሚስጥር ስለመጠበቅ፤** ለዚህ ጥናት የሚሰበሰብ መረጃ በሚስጥር ይጠበቃል። የሚሰበሰበው መጠይቅ የእርስዎ ለመሆኑ መለያ አይኖረውም። መረጃው በዋና ተመራማሪው ፋይል ተደርጎ በቁልፍ የሚቀመጥ በመሆኑ ሌላ ሰው ሊያገኘው አይችልም።

**በጥናቱ ያለመሳተፍ ወይም ራስን ከጥናቱ የማግለል መብት:** በጥናቱ ላለመሳተፍ ከፈለጉ በዚህ ጥናት ያለመሳተፍ ሙሉ መብት አለዎት። ከመጠይቁ ውስጥ ጥቂት ጥያቄዎችን ወይም በሙሉ አለመመለስ ይችላሉ።

**መረጃ ከፈለጉ ሊገናኙዎቸው የሚችሉ ሰዎች**

ይህ የምርምር ፕሮጀክት በጎንደር ዩኒቨርሲቲ የስነ-ምግባር ኮሚቴ ተከልሶ የፀደቀ ነው። የትኛውም ዓይነት ጥያቄ ቢኖርዎት ከዚህ ቀጥሎ የተጠቀሱትን ግለሰቦች ማግኘትና በማንኛውም ጊዜ መጠየቅ ይችላሉ።

1. አቶ ንጉሱ ወርቁ:- ጎንደር ዩኒቨርሲቲ

የሞባይል ስልክ ቁጥር: +251-918-021-437

ኢ-ሜል: nigusu127@gmail.com

2. ፕሮፌሰር አምሳሉ ፈለቀ:-ጎንደር ዩኒቨርሲቲ

የሞባይል ስልክ ቁጥር:- +251-918-771-312

3. አቶ አያል ደቤ:-ጎንደር ዩኒቨርሲቲ

የሞባይል ስልክ ቁጥር: + 251-910-151-929

## E. Amharic Version Consent Form

### 2. የፈቃደኝነት መግለጫ ቅፅ

እንደምን አደሩ /ምንዋሉ/ ስሜ -----ይባላል። ዛሬ እዚህ የተገኘሁት በድህረ-ምረቃ ፕሮግራም ስር ለሚካሄድ ጥናት መረጃ ለመስጠት ነው። ጥናቱ የሚካሄደው በጎንደር ዩኒቨርሲቲ ህክምና እና ጤና ሳይንስ ኮሌጅ በህብረተሰብ ጤና አጠባበቅ ትምህርት ክፍል የድህረ-ምረቃ ተማሪ በሆኑት በአቶ ንጉሱ ወርቁ ሲሆን የጥናቱ ርዕስም "ከስራ ወይም ከተቋሙ የመልቀቅ ሀሳብ እና ተዛማጅ ሁኔታዎች በሰሜን ጎንደር የመንግስት ሆስፒታሎች በሚሰሩ የጤና ባለሙያዎች" ይሰኛል። የጥናቱ ዓላማ በሰሜን ጎንደር የመንግስት ሆስፒታሎች የሚሰሩ የጤና ባለሙያዎችን ከስራ ወይም ከተቋሙ የመልቀቅ ሀሳብ እና ተዛማጅ ሁኔታዎች መመርመር ነው። ጥናቱ የታሰበለትን ዓላማ ያሳካ ዘንድ የእርስዎ በፍቃደኝነት ላይ የተመሰረተ ቀና ትብብር ያስፈልጋል። ከዚህ በታች እርስዎ ይመልሱት ዘንድ የተዘጋጀው የፅሁፍ መጠይቅ ቀርቧል። ስምዎን ወይም የመለያ ቁጥርዎን በቅፅ ላይ መፃፍ አይጠበቅብዎትም። መልሶችዎ ሙሉ በሙሉ በሚስጥር የሚያዙ ይሆናሉ። በመጠይቁ የመሳተፍ አሊያም ያለመሳተፍ ሙሉ መብት የእርስዎ ነው። ቢሆንም እርስዎ ትክክለኛና እውነተኛ መረጃ በመስጠት የሚያደርጉት ተሳትፎ የመፍትሄ ሀሳቦችን ለማመንጨት እጅግ አስፈላጊና ከፍተኛ ግምት የሚሰጠው ነው። ስለሆነም ጥያቄዎቹን በመመለስ ይተባበሩ ዘንድ እንጠይቅዎታለን። መጠይቁን ሞልተዉ ለመጨረስ ከ 30 ደቂቃ በላይ አይፈጅበዎትም።

በጥናቱ ለመሳተፍ ፍቃደኝነዎት?

አዎ- ፈቃደኝነኝ ☐ አይ- ፈቃደኝ አይደሉም ☐

የተሳታፊው ፊርማ.....

የመረጃ ሰብሳቢ ስም..... ፊርማ.....

መጠይቁ የተሞላበት ቀን .....

## F. Amharic Version Questionnaire

### መጠየቅ

የመጠይቁ አጠቃላይ መመሪያ

ሥምዎትን መፃፍ አያስፈልግም

በማንኛውም ሁኔታ የመልስ መስጫ አማራጭ ካለ ሳጥኑ ውስጥ የራዬት ምልክት (✓) ያድርጉ።

ደረጃ (1-5) ላላቸው ጥያቄዎች የስምምነታዎን መጠን በማክበብ ይምረጡ

**ክፍል አንድ 1 ስነ-ሀዘብ እና ኢኮኖሚን የተመለከቱ ጥያቄዎች**

ተ.ቁ	ጥያቄ	የመልስ መስጫ
101	የሆስፒታሉ ስም	.....
102	ጾታ	1. ወንድ 2. ሴት
103	እድሜ	-----አመት
104	ጋብቻ	1. ያላገባ/ያላገባች 2. ያገባ/ያገባች 3. የፈታ/የፈታች 4. የሞተበት/የሞተባች
105	የቤተሰብ አኗኗር	1. ከቤተሰብ ጋር 2. ከቤተሰብ ውጭ
106	በእኔ የሚተዳደር ቤተሰብ አለን	1. አለ 2. የለም
107	የትምህርት ደረጃ	1. ዲፕሎማ 2. ድግሪ 3. ማስተር እና ከዚያ በላይ
108	ሙያ	.....
108	የአገልግሎት ዘመን በአመት	----- አመት
109	አሁን ያለዎት የስራ ሃላፊነት	1. የሆስፒታል ሀላፊ 2. የክፍል ሀላፊ 3. የኬዝ ቲም አስተባባሪ 4. አባል
110	ደመወዝ	-----ያልተጣራ
111	አማራጭ የስራ እድል አለዎት	1. አዎ 2. የለም

**መመሪያ:** ይህ መጠይቅ የጤና ባለሙያዎችን የስራ እርካታን በተመለከተ የሚሰማዎትን ለመረዳት እና የመልቀቅ ፍላጎት ምክንያት ሊሆኑ የሚችሉ ነገሮችን ለማወቅ የሚደረግ ነው። እያንዳንዱ ዓረፍተ-ነገር አምስት እርከን ያለው ሲሆን እርስዎ ጥያቄውን በአግባቡ በመረዳት ምን ያህል እንደሚረኩ ወይም እንደማይረኩ ከዚህ በታች የተሰጠውን መለኪያ (ከ1 እስከ 5) ተጠቅመው ይግለፁልን።

4 = ზღვრული

5 = በጣም እረካለሁ

በአሁኑ ስራ የሚሰማኝ ስሜት						
የስራ አፈፃፀም ዉጤት አሞላልን በተመለከተ						
201	የዉጤት ተኮሩ የሚሞላበት ጊዜ	1	2	3	4	5
202	የዉጤት ተኮር ግልባጭ አሰጣጥ	1	2	3	4	5
203	የዉጤት ተኮር አሞላሉ አግባብነት ከጓደኞቼ አንፃር	1	2	3	4	5
የሥራ ነፃነትን በተመለከተ						
204	በሥራዬ ላይ በራሴ እንድ ወስን የሚሰጠኝ ነፃነት	1	2	3	4	5
205	ስራዬን ለመጨረስ እና ለመወሰን ያለኝ ነፃነት	1	2	3	4	5
206	የስራ መርሃ ግብሬን ለመቆጣጠር ያለኝ እድል	1	2	3	4	5
207	በስራዬ ላይ አዲስ ነገር የመፍጠር እድል	1	2	3	4	5
በሙያ የማደግ እድልን በተመለከተ						
208	በምስራብት ሥራ ለእድገት (ለመሻሻል) ያለኝ ዕድል (የትምህርት እድል ወደ ዲግሪ፣ማስተርስ፣)	1	2	3	4	5
209	በዚህ ሥራ ላይ ራሴን ለማሳደግ ያግኘሁት ዕድል	1	2	3	4	5
210	ዕድገት የሚሰጥበት መንገድ	1	2	3	4	5
ከሰራተኛ ጋር ያለኝ ንግንኙነት በተመለከተ						
211	ከሥራ ባልደረቦቼ ጋር ያለን መግባባት	1	2	3	4	5
212	ከሥራ ባልደረቦቼ ጋር ለመቀራረብ ያለኝ እድል	1	2	3	4	5
213	በሥራ ባልደረቦቼ መካከል ያለ መቀራረብ	1	2	3	4	5
ክፍያ እና ጥቅማጥቅምን በተመለከተ						

214	ለሰራሁት ስራ የሚከፈለኝ ክፍያ	1	2	3	4	5
215	ለኔ የሚከፈለኝ ክፍያ ከሌላ ተመሳሳይ መ/ቤት ከሚከፈለው አንፃር	1	2	3	4	5
216	በስራዬ የማገኛቸው ጥቅማጥቅሞች	1	2	3	4	5
217	እንደ ሌሎች ጓደኞቼ ገንዘብ ወይም ጥቅማጥቅም እንዳገኝ የሚፈጠረው እድል	1	2	3	4	5
<b>የተቋሙን ፖሊሲ እና ስትራቴጂ በተመለከተ</b>						
218	የተቋሙ ፖሊሲዎችና አፈፃፀማቸው	1	2	3	4	5
219	በተቋሙ ውስጥ ያሉ ፖሊሲዎችና አፈፃፀም ሠራተኛን የሚያማክልበት ሁኔታ	1	2	3	4	5
220	ለሠራተኞች ስለተቋሙ ፖሊሲዎች የሚገለፅበት መንግድ	1	2	3	4	5
221	ተቋሙ ሰራተኞችን የሚያይበት መንገድ	1	2	3	4	5
222	አለቃዩ ባለሙያዎች የሚስተናግድበት መንገድ	1	2	3	4	5
<b>የስራ አካባቢን በተመለከተ</b>						
223	የምስራብት ቦታ (አካባቢ) ያለው ለስራ ተስማሚነት	1	2	3	4	5
224	ስራዩን በአግባቡ ለመስራት ያለው የመሳሪያ እና ሌሎች ግብአቶች አቅርቦት	1	2	3	4	5
225	የምስራብት ክፍል ያለው ለስራ አመችነት (ሙቀት ብርሃን ንፁህ አየር አሟራ ጮኽት)	1	2	3	4	5
<b>የቅርብ ሃላፊ እገዛን በተመለከተ</b>						
226	አለቃዬ ከሰራተኛ ጋር ያለው ግንኙነትና መደጋገፍ	1	2	3	4	5
227	የአለቃዩ ውሳኔ የመወሰን ብቃት	1	2	3	4	5
228	አለቃዩ ሰራተኞችን የሚወክልበት አግባብ	1	2	3	4	5
229	በውሳኔ አሰጣጥ የሚሰጠኝ እድል	1	2	3	4	5
230	የሀላፊዬ ሙያዊ ድጋፍ	1	2	3	4	5
231	ሀላፊው ሰራተኞች በሚፈልጉት ጊዜ የመገኘት ሁኔታ	1	2	3	4	5
<b>የስራ ጫናን በተመለከተ</b>						
232	ስራዎቼን ለማጠናቀቅ በቂ ጊዜ አለኝ	1	2	3	4	5
233	በሙያዬ ያለው የስራጫና ከባድ አይደለም	1	2	3	4	5

234	የተሰጠኝን ስራ በቀላሉ ለመጨረስ አልቻልም	1	2	3	4	5
235	በጣም በፍጥነት እንደሰራ ይጠበቅብኛል (ብዙ ቦታዎችን ለመሸፈን)	1	2	3	4	5
<b>እዉቅና መስጠትን በተመለከተ</b>						
236	ውጤታማ ስራ ሲሰራ እዉቅና የማግኘት እድል	1	2	3	4	5
237	ያልተቆራረጠ እና ፍታዊ የሆነ እዉቅና አሰጣጥ አኳያ	1	2	3	4	5
238	ውጤታማ ስራ ሲሰራ ለባለሙያዎች የሚሰጠው እዉቅና	1	2	3	4	5

### ክፍል 3፡- ተቋማዊ የስራ ግንኙነትን የሚመለከት መጠይቅ

**መመሪያ፡** ይህ መጠይቅ የጤና ባለሙያዎችን ተቋማዊ የስራ ግንኙነትን በተመለከተ የሚሰማዎትን ለመረዳት የሚደረግነው፡፡ እያንዳንዱ ዓረፍተ-ነገር አምስት እርከን ያለው ሲሆን እርስዎ ጥያቄውን በአግባቡ በመረዳት ምን ያህል እንደማይሰማሙ ወይም እንደሚሰማሙ ከዚህ በታች የተሰጠውን መለኪያ (ከ1 እስከ 5) ተጠቅመው ይግለፁልን፡፡

ቁጥር፡- 1 = በጣምአልሰማማም

4 = እስማማለሁ

2 = አልሰማማም

5=በጣምእስማማለሁ

3 = ከሁለቱም ውጪ

<b>የስራ ግንኙነትን በተመለከተ</b>						
<b>ተቋሙ የእኔ ነው ብሎ ቁርጠኛ መሆን</b>						
301	ሆስፒታሉ በእኔ ላይ የራሱ የሆነ ትልቅ ትርጉም አለው	1	2	3	4	5
302	በተቋሜ ከፍተኛ የሆነ የባለቤትነት ስሜት ይሰማኛል	1	2	3	4	5
303	በተቋሜ ቤተሰባዊ ስሜት ይሰማኛል	1	2	3	4	5
<b>በተቋሙ መቆየት ግዴታየ ነው ብሎ ማስብ</b>						
304	በአሁኑ ሰዓት ሆስፒታሉን ለመልቀቅ የጥፋተኝነት ስሜት ይሰማኛል	1	2	3	4	5
305	በአሁኑ ሰዓት ሆስፒታሉን የማልለቀው መቆየት ግዴታየ መስሎ ስለ ሚሰማኝ ነው	1	2	3	4	5
306	ሆስፒታሉ የእኔንታ ማኝነት ይጠብቃል	1	2	3	4	5
<b>ተቋሙን ብለቅ ችግር ይደርስብኛል ብሎ ማስብ</b>						
307	ይህን ተቋም ለመልቀቅ ጥቂት አማራጮች እንዳለኝ ይሰማኛል	1	2	3	4	5
308	ተቋሜን አሁን ብለቅበ ህይወቴ ከፍተኛ መመስቃቀል	1	2	3	4	5

	ይከሰታል					
309	ብፈልግም እንኳን በአሁኑ ጊዜ ተቋሜን መልቀቅ ይከብደኛል	1	2	3	4	5

**ክፍል አራት ከሙያ ወይም ከተቋም መልቀቅን የተመለከተ**

**መመሪያ፡** ይህ መጠይቅ የጤና ባለሙያዎችን ከተቋም ወይም ከሙያ የመልቀቅ ፍላጎት በተመለከተ የሚሰማዎትን ለመረዳት የሚደረግ ነው። እያንዳንዱ ዓረፍተ-ነገር አምስት እርከን ያለው ሲሆን እርስዎ ጥያቄውን በአግባቡ በመረዳት ምን ያህል እንደ ማይሰማሙ ወይም እንደሚሰማሙ ከዚህ በታች የተሰጠውን መለኪያ (ከ1እስከ 5) ተጠቅመው ይግለፁልን።

**ቁጥር፡-** 1 = በጣም አልሰማማም                      4 = እስማማለሁ  
2 = አልሰማማም    5 = በጣም እስማማለሁ  
3 = ከሁለቱም ውጪ

ተ.ቁ.	ተቋምን የመቀየር አያዝማሚያ					
401	ይህን ሆስፒታል ለመልቀቅ ብዙ ጊዜ አስባልሁ	1	2	3	4	5
402	የምስራብትን ተቋም ለመቀየር ሌላ ቦታ አማራጮችን እየፈለኩ ነው	1	2	3	4	5
403	በቅርቡ ተቋሜን ለመልቀቅ የምችለውን ሁሉ አደርጋለሁ	1	2	3	4	5
	<b>ሙያን የመልቀቅ አዝማሚያ</b>					
404	ወደፊት ሙያየን የመቀየር ፍላጎት አለኝ	1	2	3	4	5



## **G. Information Sheet and Consent Form for Qualitative**

### **English in-depth interview check list for qualitative part**

#### **Information sheet and consent form**

A questionnaire to determine the magnitude of intention to leave and factors associated with it among health workers of North Gondar District Hospital.

Hello!! Good morning/good afternoon? My name is Nigusu Worku I am from University of Gondar Institute of Public Health College of Medicine and Health Science Health Service Management student. I am here to collect data on magnitude of intention to leave and factors associated with it among health workers of North Gondar District Hospital. You are selected to be one of the participants in the study. The study will be conducted through interview. The interview is voluntary; you have the right to participate, or not to participate or refuse at any time during the interview. No incentives will be given for participating in this study and your refusal will not have any effect. However, your participation has high significance in order to achieve the aim of this study. The information you give us is confidential and will be used only for study purposes. The whole interview may take around 10-15 minutes. If there are things that require clarification please ask me for clarification.

Are you voluntary to participate in this study?

Yes I want to participate ☐

No I don't want participate ☐

Thank you very much!

## **H. In-depth Interview Questionnaires**

### **Qualitative in-depth interview questionnaire**

#### **Socio-demography**

1. Age -----
2. Sex -----
3. Marital status -----
4. Profession -----
5. Educational level -----
6. Work experience -----
7. Name of Hospital -----

#### **For health workers**

1. How do you describe your job satisfaction in this hospital?
2. How do you explain your satisfaction in terms of training, recognition, supervision, performance appraisal and overall hospital administration?
3. Do you have a plan of intention to leave working in this hospital? If yes, why?  
And if no why?
4. Is there anything you want to add concerning on health professional intention to leave?

**በጎንደር ዩኒቨርሲቲ የህክምና እና ጤና ሳይንስ ኮሌጅ የማህበረሰብ ጤና ሳይንስ ተቋም**

**የፈቃደኝነት ማረጋገጫ እና የመረጃ መስጫ ቅፅ**

ጤና ይስጥልኝ እኔ ንጉሱ ወርቁ እባላለሁ በጎንደር ዩኒቨርሲቲ በህብረተሰብ ጤና አጠባበቅ ተቋም የሁለተኛ ዲግሪ ተማሪ ነኝ። አሁን የመጣሁት ጤና ሙያተኞች ስራቸውን የመልቀቅ አዝማሚያ እና ምክንያቶቹን ለማወቅ በሚደረገው ጥናት መረጃ ለማሰባሰብ ነው። በዚህ ጥናት ለመሳተፍ እርስዎ ተመርጠዋል፤ ለጥናቱ የሚሰጡን መረጃ በፍላጎት ላይ የተመሰረተ ነው፤ ቃለ መጠይቁንም በማንኛውም ሰዓት የማቋረጥ መብትዎ የተጠበቀ ነው፤ በመሳተፍዎ የሚያገኙት ገንዘብ የለም። ባለመሳተፍዎም የሚደርስብዎት ምንም አይነት ችግር የለም ነገር ግን የእርስዎ መሳተፍ ለጥናቱ አላማ መሳካት ከፍተኛ አስተዋጽኦ አለው። የሚሰጡት መረጃ ሚስጥሩ የተጠበቀ ነው። ስምዎትንም ሆነ የሚሰሩበትን የስራ ክፍል መግለጽ አያስፈልግም ቃለመጠይቁ የሚወስደው ጊዜ ከ15 ደቂቃ አይበልጥም፤ የጥናቱንም ወጤት ለማወቅ ከፈለጉ በማንኛውም ጊዜ ማግኘት ይቻላል። ስለዚህ አሁን በሰጠዎት መረጃ በመነሳት በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት

1. አዎ ☐ 2 አይደለሁም ☐

## I. Declaration

I, the undersigned, MPH candidate student declare this thesis is my original work in partial fulfilment of the requirement for the degree of Master of Public Health in Health Services Management.

Name: Nigusu Worku

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Place of submission: Institute of Public Health, Collage of Medicine and Health Sciences, University of Gondar.

Date of Submission: \_\_\_\_\_

### Advisors:

Name	Signature	Date
1. Professor Amsalu Feleke	_____	_____
2. Mr. Ayal Debie (MPH)	_____	_____